

DOI Insurers Bulletin 86 -& Transgender Identity Nondiscrimination Act of 2013*

Transgender Identity Nondiscrimination Act of 2013 – amended Delaware Codes relating to hate crimes and discrimination in employment, public works contracting, housing, equal accommodations and the insurance business on the basis of gender identity.

Department of Insurance Domestic/Foreign Insurers Bulletin No. 86 – provided guidance regarding the implementation of the Gender Nondiscrimination Act of 2013:

- Amended Section 2304(22) of the Unfair Trade Practices Act to make it unlawful practice for any insurance company licensed to do business in Delaware to discriminate in any way based on an individual's gender identity.
- Section 2304(13)(b) prohibits unfair discrimination between individuals of the same class and of essentially the same hazard in the amount of premiums, policy fees or rates charged for any policy or contract of health insurance.
- Section 1557 of the Affordable Care Act prohibits discrimination on the basis of sex in any health program receiving federal funds or by an entity established under the ACA.

DOI interprets provisions to prohibit the denial, cancellation, termination, limitation, refusal to issue or renew, or restriction of insurance coverage or benefits thereunder because of a person's gender identity or transgender status, or because the person is undergoing gender transition. This includes the availability of health insurance coverage and the provision of health insurance benefits.

Utilization Assumptions: 1 in every 7,000 members

Cost Estimates to Extend Coverage under the State Group Health Active and non-Medicare health plans:

Coverage will be in accordance with medical necessity when all of the clinical criteria are met. Components of gender reassignment considered to be cosmetic may be excluded from coverage. Aetna clinical criteria is finalized and can be reviewed at http://www.aetna.com/cpb/medical/data/600_699/0615.html. Highmark expects to have clinical criteria finalized within next 60 days.

Assuming fairly volatile costs, ranging from \$25,000 to \$100,000 per transition (medical plan only) which also vary depending on male to female or female to male procedures. Estimated costs below assume members approved due to medical necessity would receive all hormone and surgical treatments within a one year timeframe.

Total medical plan estimated annual costs: \$1.1M

Total prescription plan estimated annual costs: \$700,000

Total Estimated Annual Group Health Program Costs: \$1.8M

Total Estimated FY17 Group Health Program Costs: \$900,000